

CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE TRAINING GRANT APPLICATION	FOR CIRM USE ONLY	

RFA # : 05-01 CIRM Training Program		Name of Institution	
Type of Training Program (Check one) <input type="checkbox"/> Comprehensive (Type I)		Intermediate (Type II)	Specialized (Type III)
Number of Trainees <input type="checkbox"/> Predoctoral		Postdoctoral	Clinical
Title of Project			

Program Director (Last, First, Middle)	Degree(s)
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Position Title

Institution Name

Institution Address

City/State/Zip Code

Telephone	Fax
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E-mail Address

Total Costs (Direct and Indirect) for Year 1 \$	Total Costs (Direct and Indirect) for All Years \$	# of Years
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Proposed Project Dates	From (dd/mm/yyyy)	Through (dd/mm/yyyy)	
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Responsible Business Official Name	Official Signing for Applicant Organization Name
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Title	Title
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Address	Address
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City/State	City/State
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Telephone	Telephone
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Fax	Fax
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E-mail	E-mail
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Type of Organization (Check one)	Public	Private Non-profit	
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We the undersign certify that the information submitted is accurate and complete to the best of our knowledge

SIGNATURE:	_____	_____
	Program Director	Date

SIGNATURE:	_____	_____
	Official Signing for Applicant Organization	Date

PAGE NUMBER**Face Page****1****Table of Contents****2****Research Training Program Plan****3 - 13***(Use font size Arial 10 point or larger)***A. Abstract****3****B. Overall Description of the Program****4 - 6***(No more than 3 pages for Section B. Page will scroll)***C. Trainees****D. Mentors****E. Assessment of Progress***(No more than 4 pages for Sections C, D, and E combined)***F. Key Personnel****11 - 12****G. Institutional Research Resources for
Stem Cell Research****13***(No more than 1 page for Section G)***Budget for First Year of Support****14****Budget for Entire Proposed Period of Support****15**

CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE ABSTRACT	Institution
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CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE Overall Description of the Program	Institution
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CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE Overall Description of the Program	Institution
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CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE	Institution
Overall Description of the Program	

CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE CONTINUATION PAGE	Institution
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CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
Institutional Research Resources for
Stem Cell Research

Institution

CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE TRAINING APPLICATION BUDGET FORM		Institution	
BUDGET FOR FIRST YEAR (Direct and Indirect Costs)		FROM	THROUGH
STIPENDS		DOLLAR TOTAL	
PREDOCTORAL			
Number of Trainees:			
Amount per Trainee:			
POSTDOCTORAL			
Number of Trainees:			
Amount per Trainee:			
CLINICAL FELLOWS			
Number of Trainees:			
Amount per Trainee:			
TOTAL STIPENDS			
TUITION AND FEES (Itemized)			
RESEARCH RELATED FUNDS (Itemized)			
PROGRAM ADMINISTRATION SUPPORT (Itemized)			
TOTAL DIRECT COSTS			
INDIRECT COSTS (10% OF TOTAL DIRECT COSTS)			
TOTAL COSTS FOR INITIAL BUDGET PERIOD			

CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE TRAINING APPLICATION BUDGET FORM				Institution		
BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT (Direct and Indirect Costs)						
BUDGET CATEGORY	INITIAL BUDGET PERIOD		ADDITIONAL YEARS OF SUPPORT REQUESTED			
TOTALS		1st		2nd		3rd
	#Trainees		#Trainees		#Trainees	
PREDOCTORAL STIPENDS						
POSTDOCTORAL STIPENDS						
CLINICAL FELLOWS						
TOTAL STIPENDS						
TUITION AND FEES						
RESEARCH RELATED FUNDS						
PROGRAM ADMINISTRATION SUPPORT						
TOTAL DIRECT COSTS						
INDIRECT COSTS						
TOTAL COSTS						
TOTAL COSTS FOR ENTIRE PROPOSED PROJECT PERIOD					\$	

EXPLANATORY NOTES: Please explain any changes between years.